

Form #CS4169A (06/22)  
Photocopy Locally

NEW YORK STATE  
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
ON-SITE DRUG AND ALCOHOL TEST RECORD

Parolee Name: \_\_\_\_\_NYSID: \_\_\_\_\_  
Parole Officer: \_\_\_\_\_Date  
Collected: \_\_\_\_\_  
Bureau Name: \_\_\_\_\_Test Type Name: \_\_\_\_\_

| Check the Device Used    |                          |                          |                          |                          |        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| On-site Cup              | Test Stick               | Breathalyzer             | Oral Device              | Panel                    | Other: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |

| Check All Drugs Tested for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Check If Tested Positive:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Cocaine</div> <div><input type="checkbox"/> Heroin/Opiates/Morphine</div> <div><input type="checkbox"/> THC</div> <div><input type="checkbox"/> PCP</div> <div><input type="checkbox"/> Amphetamines</div> <div><input type="checkbox"/> Barbiturates</div> <div><input type="checkbox"/> Alcohol</div> <div><input type="checkbox"/> MET/MAMP/Methamphetamines</div> <div><input type="checkbox"/> OXY/Synthetic Opiates</div> <div><input type="checkbox"/> Benzodiazepines/BZO</div> <div><input type="checkbox"/> BUP/Synthetic Opiates</div> <div><input type="checkbox"/> MTD/Methadone</div> <div><input type="checkbox"/> PPX/Narcotic Analgesic</div> <div><input type="checkbox"/> TCA/Tri-Cyclic Antidepressant</div> <div><input type="checkbox"/> KET/Ketamine Anesthetic</div> <div><input type="checkbox"/> SYN/Synthetic Cannabinoids</div> <div><input type="checkbox"/> ECS/MDMA</div> <div><input type="checkbox"/> Other: _____</div> | <div><input type="checkbox"/> Cocaine</div> <div><input type="checkbox"/> Heroin/Opiates/Morphine</div> <div><input type="checkbox"/> THC</div> <div><input type="checkbox"/> PCP</div> <div><input type="checkbox"/> Amphetamines</div> <div><input type="checkbox"/> Barbiturates</div> <div><input type="checkbox"/> Alcohol</div> <div><input type="checkbox"/> MET/MAMP/Methamphetamines</div> <div><input type="checkbox"/> OXY/Synthetic Opiates</div> <div><input type="checkbox"/> Benzodiazepines/BZO</div> <div><input type="checkbox"/> BUP/Synthetic Opiates</div> <div><input type="checkbox"/> MTD/Methadone</div> <div><input type="checkbox"/> PPX/Narcotic Analgesic</div> <div><input type="checkbox"/> TCA/Tri-Cyclic Antidepressant</div> <div><input type="checkbox"/> KET/Ketamine Anesthetic</div> <div><input type="checkbox"/> SYN/Synthetic Cannabinoids</div> <div><input type="checkbox"/> ECS/MDMA</div> <div><input type="checkbox"/> Other: _____</div> |

☐ Specimen was Negative

Witness: \_\_\_\_\_

☐ Specimen Indicates Drug or Alcohol Use

I \_\_\_\_\_, do hereby certify that I am a parolee under the Jurisdiction of the New York State Department of Corrections and Community Supervision.

I hereby certify that I used \_\_\_\_\_ while under supervision in violation of the conditions of my release. I personally observed that such use has been verified by a field test conducted by a parole officer in my presence on the date indicated above.

I certify that by providing a written admission using \_\_\_\_\_ in violation of the conditions of my release that I may be subject to Violation of Release charges initiated by the Department. I further understand that if Violation of Release charges are brought against me as a result of my admission, that I have a right to counsel at a final revocation of parole hearing.

I freely make this admission to the individual(s) whose signatures appear below and acknowledge that my admission has been made without duress or undue influence.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness Signature: \_\_\_\_\_

Parolee Signature: \_\_\_\_\_

Title: \_\_\_\_\_